

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90203 036 ***158.75

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DOCUMENT # P93000061835

1. Entity Name

FLYING COLORS DESIGN IN MOTION, INC.

Principal Place of Business

1517 EAST SEVENTH AV
 SUITE D
 TAMPA FL 33605
 US

Mailing Address

C/O J.BOB HUMPHRIES/FOWLER.WHITE.GILLEN
 501 E. KENNEDY BLVD., SUITE 1700
 TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3200162**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, J B
 501 E. KENNEDY BLVD.
 SUITE 1700
 TAMPA FL 33602

Name
Cody W. Waters, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
Fowler, White
 501 E. Kennedy Blvd., #1700
 City **Tampa** **FL** Zip Code **33602**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Cody Waters

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **DP**
 STREET ADDRESS **MILLER, LYNN E**
 CITY-ST-ZIP **3709 W. SAN PEDRO ST.**
TAMPA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **DVST**
 STREET ADDRESS **RICHARDS, CHRIS K**
 CITY-ST-ZIP **2611 BAYSHORE BLVD.#1806**
TAMPA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LE Miller

LYNN EDWARD MILLER

4-23-01

813-248-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)